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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
DIVISION

AARON ANTONY BRADFORD
235438

(Write the full name of the plaintiff in this action.
Include prisoner registration number.)

v.

OFFICER Finch
Sgt. Wright

(Write the full name of each defendant. The caption
must include the names of **all** of the parties.
Fed. R. Civ. P. 10(a). Merely listing one party and
writing "et al." is insufficient. Attach additional
sheets if necessary.)

4:21-CV-00142-MTS

Case No: _____
(to be assigned by Clerk of District Court)

Plaintiff Requests Trial by Jury



Yes



No

PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983

NOTICE:

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.

Except as noted in this form, plaintiff should not send exhibits, affidavits, witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the \$400.00 filing fee or an application to proceed without prepayment of fees and costs.

I. The Parties to this Complaint

A. The Plaintiff

Name: AARON ANTONY BRADFORD

Other names you have used: AARON BRADFORD

Prisoner Registration Number: 235438

Current Institution:

Indicate your prisoner status:

- | | |
|--|---|
| <input checked="checked" type="checkbox"/> Pretrial detainee | <input type="checkbox"/> Convicted and sentenced state prisoner |
| <input type="checkbox"/> Civilly committed detainee | <input type="checkbox"/> Convicted and sentenced federal prisoner |
| <input type="checkbox"/> Immigration detainee | <input type="checkbox"/> Other (explain): _____ |

B. The Defendant(s)

To the best of your knowledge, give the information below for each defendant named in the caption of this complaint. Make sure the defendant(s) named below are the same as those listed in the caption of this complaint. Attach additional pages if necessary.

For an individual defendant, include the person's job title, and check whether you are suing the individual in his or her individual capacity, official capacity, or both.

Defendant 1

Name: Officer Finch

Job or Title: Transportation Officer

Badge/Shield Number: 1066

Employer: St. Louis, County Department of Justice Services

Address: 100 S. Central, Clayton, Mo. 63105

☒ Individual Capacity ☐ Official Capacity

Defendant 2

Name: Sgt. Wright

Job or Title: Sergeant

Badge/Shield Number: N/A (No one will give it to me)

Employer: St. Louis County Department of Justice Services

Address: 100 S. Central Clayton, Mo. 63105

☒ Individual Capacity

☐ Official Capacity

II. Statement of Claim

Type, or neatly print, a short and plain statement of the **FACTS** that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information:

1. What happened to you?
2. When did it happen?
3. Where did it happen?
4. What injuries did you suffer?
5. What did each defendant personally do, or fail to do, to harm you?

FACTS

1. Corrections Staff used ~~excessive~~ FORCE by striking me and using other excessive amounts of force on me, while I was handcuffed to the back, shackled and strapped down in a restraint chair. VIOLATING MY 8TH AMENDMENT RIGHTS OF THE U.S. CONSTITUTION.
2. This happened August 4, 2020 between the hours of 2pm - 3pm.
3. It occurred in St. Louis County (Clayton's) Jail on the 8th floor in the Sally port of housing unit D (as in Delta). All of it is on recorded footage.
4. I ended up with injuries as a result of the excessive force used. Please see section III. (Injuries) for details and medical treatment.
5. Defendant Finch struck me in my face multiple times. Defendant Finch wrapped his hand around my throat choking me. Then Defendant Finch choked me by clenching my esophagus with his fingers. Then Defendant Finch stuck his fingers into my mouth and stretched my mouth apart, very aggressively, and malicious in that he verbally threatened me all the while. Then Defendant Finch stood behind the restraint chair, yanked my head backwards and dug his fingers into my nose.

III. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

PLEASE SEE FOLLOWING PAGE.
THEN SEE LINE PAPER TITLED "INJURIES".

FACTS CONTINUED

8th Amendment Violation

FACTS

of the U.S Constitution

I
1) ON 8-4-2020 TRANSPORT OFFICER FINCH (1066), stood on my bare right foot, choked me with his hand around my neck, then with his fingers around my throat. After I snatched away from the hold he had on my throat, this same Defendant MR. FINCH, slapped me in my face. After that, he punched me. MR. FINCH, then stood behind me, grabbed my head back, and put each of his thumbs into my mouth. When he placed his thumbs in my mouth he attempted to stretch my mouth open. When I felt my mouth cut open at each end of my lips I attempted to close my mouth. At which point MR. FINCH yanked my head back again, and stuck two of his fingers into my nose. MR. FINCH began to very forcefully and aggressively pull at my nostrils forcing my head backwards. I felt my nose being scratched on the inside and ripping on the outside. Everything I just described happened to me while I was in the RESTRAINT chair in 8-D SALLY PORT. PLEASE SEE CAMERA FOOTAGE. I WAS IN THE CHAIR FULLY RESTRAINED

II AFTER SGT. WRIGHT ORDERED OFFICER FINCH to exit the 8-D Sally Port, MR. FINCH went out and paced back and forth in the UNIT CONTROL AREA. AS MR. FINCH paced back and forth he threatened to kill me numerous of times. He also told me how he was going to get me.

III. Injuries

NOTE: SGT. WRIGHT COULD'VE PREVENTED THIS ASSAULT/ EXCESSIVE FORCE. HE JUST STOOD THERE. SEE ATTACHED.

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

MY ankles were cut open. So were my wrists. My neck and throat was bruised and had cuts from being dug into by the officer's finger nails. My throat was soar for months. My left and right sides of my neck still hurt from being choked. I still get neck pains and headaches from this incident. The right side of my face was bruised, and is permanently black. I received pain meds and ointment for my injuries.

FACTS (continued)

III Sgt Wright - Just stood and watched the transportation officer Finch while he assaulted me. All the way up until Finch started an attempt to pull or take my nose off. After a few cries I made from feeling so much pain, then Sgt. Wright told Finch to stop and exit the salypport.

Mayor Johnson, Capt Kirsy, Sec. Manager Reed, Mayor Siler and Directors Raul Banasco and Mr. Howard all knew of the situation that took place on 8-4-2020. They did nothing about it.

IV. I told them I did not feel safe here so I sat in the restraint chair as long as it took for me to be moved to the infirmary. Which is where I saw Mr. Raul Banasco at when he was with the NACCP representative. No one mentioned in this paragraph admitted that they heard anything about the situation or received my grievance for at least three weeks. They all tried to circumvent the process.

1. EXCESSIVE FORCE - THE CHAIR ¹/₃ GETTING BEATEN
2. DUE PROCESS - CIRCUMVENED GREENHANE PROCESS
3. FAILURE TO PROTECT - COVER UP
4. INADEQUATE MEDICAL FACILITIES - ~~CHAIR~~ ^{RESTRAINT}

FACTS - CONTINUED

III - DEFENDANT SGT. WRIGHT stood and watched DEFENDANT FINCH ASSAULT ME. AS A SUPERVISOR HE COULD HAVE AND SHOULD, HAVE PREVENTED MY INJURIES. Sgt. Wright failed to protect me.

Defendant Officer Finch violated my Eighth Amendment Right of the U.S. Constitution by maliciously hitting, striking, choking me, and using unnecessary force splitting my mouth open and forcefully and wantonly digging into my nose until the point that I lost skin and blood, not stopping until a supervisor directed him to. Which afterwards this defendant still threatened to harm me further within minutes after he'd already just physically harmed me while I was sitting in a restraint chair with my hands cuffed behind my back, fully strapped in and with my ankles restrained.

Defendant Sgt. Wright violated my Eighth Amendment Right of the U.S. Constitution by failing to protect me. As the supervisor of defendant Finch, Defendant Wright should have ordered the officer to stop and should have defused the situation before I suffered all the injuries. Instead Sgt. Wright stood there and watched the incident as if he was merely entertained.

"INJURIES"

IT had hurt my throat to EAT FOR 2wks. My nose was hurting so bad I thought MR. Fitch may have broken my nose. I still believe he did. I had an X-RAY taken too. THE X-RAY WAS taken BETWEEN 8-4-2020 - 8-8-2020.

My HEADACHES GOT EVEN WORSE. I ALREADY HAVE TRIGEMINAL NEURALGIA. I TAKE MEDICATION FOR CHRONIC PAIN. My FACIAL NERVES ARE EVEN MORE SENSITIVE. My eye wont stop TWITCHING. My FACE IS SUPER SENSITIVE.

My mouth had broken out at the right corner of my mouth. Also each of the corners of my mouth were split open.

My neck still hurt closer to my spine. I continue to have muscle spasms at the area closer to my spine.

THE INSIDES of my nostrils were dug into. A lot of tissue was damaged. My nose bled from being dug into and scraped. The bottom middle part outside my nose between my nostrils was split, just above my lip. I bled from there too.

I have a permanent dent in my nose on the right side. My headaches are coming rapidly and the pain is worst. I feel like I have a tumor or something.

I keep reliving that incident. Every day since then, I thinking about how I was attacked while I was defenseless and how a supervisor just stood and watch. I've spoken with psych DRs. About this incident. I even have dreams / nightmares of being brutally mutilated while strapped in restraint chairs. The right side of my face by my eye is now permanently black from where it was bruised during the incident. Everytime I look into the mirror I have to see it.

IV. Relief

State briefly and precisely what you want the Court to do for you. Do not make legal arguments. Do not cite any cases or statutes. If you are requesting money damages, include the amounts of any actual damages and/or punitive damages you are claiming. Explain why you believe you are entitled to recover those damages.

I want the Court to assure that I receive money for actual damages at \$50,000, punitive damages at \$15,000 and at \$15,000 for the psychological damages. This will put my request at a sum of \$80,000.

I believe I am entitled to the money damages because my U.S. constitutional rights were violated (8th Amendment), also because it's on camera as proof. I believe I am entitled because I relive it everyday.

V. Exhaustion of Administrative Remedies/Administrative Procedures

The Prison Litigation Reform Act ("PLRA") 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison or other correctional facility where you were confined at the time of the events giving rise to your claim(s):

Clayton, Mo. Justice Center (St. Louis County)

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. If yes, does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☐ Do not know

If yes, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes ☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes ☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

Clayton, Mo. Justice Center

2. What did you claim in your grievance? (Attach a copy of your grievance, if available)

Grievance is attached.

3. What was the result, if any? (Attach a copy of any written response to your grievance, if available)

attached.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I've written directors, and spoken with the internal affairs here. I never receive any response to my appeal. The internal affairs officer told me to file my civil complaint now. The last director resigned.

- F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

I filed grievances.

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

Even before I had an opportunity to file my formal grievance, I told medical staff about the incident and was seen for my injuries while I was in the infirmary. Also while trying to locate my original grievance I told Mr. Bonasco, Mr. Howard, Mr. Reed and Major Ishmon.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

It took a while for me to track down my original grievance. A caption told me they found it in Major Ishmon's mailbox. I've tried my best to exhaust all admin. remedies. The directors won't respond nor do the grievance officer. I was told by (Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

Several officials here that they aren't liable nor responsible for what has happened me so they're not giving me any compensation. But they told me to file this complaint. I wrote an extensive and detailed letter/appeal to Mr. Siler right after I received a response from Shaw on the 16th of Sep. '20.

VI. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

- A. To the best of your knowledge, have you ever had a case dismissed on the basis of this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case and when it was dismissed. Attach a copy of the court’s order, if possible.

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the state and county)*

3. Docket or case number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit N/A

6. Is the case still pending?

☐ Yes

☐ No (If no, give the approximate date of disposition): N/A

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☐ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff N/A

Defendant(s) N/A

2. Court (if federal court, name the district; if state court, name the state and county)

3. Docket or case number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A

6. Is the case still pending?

☐ Yes

☐ No (If no, give the approximate date of disposition): N/A

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

VII. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 28th day of January, 20 21.

Signature of Plaintiff [Signature]